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Form VA
For a Work of the Visital Arts

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*Amended by the C.O. Authority per telephone **EXAMINED BY** FORM VA conversation with Amanda Pecchioni Thompson on 7/7/2005. CHECKED BY FOR CORRESPONDENCE COPYRIGHT Yes OFFICE USE ONLY DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET PREVIOUS REGISTRATION has registration for this work or for in earlier version of this work, already been made in the Copyright Office? ☐ Yes ☐ No. If your answer is Yes why is another registration being sought? (Check appropriate box.) ▼ a. [] This is the first published edition of a work previously registered in impublished form b This is the first application submitted by this author as copyright claimant c.
This is a changed version of the work as shown by space 6 on this application If your answer is Yes give Previous Registration Number ♥ Year of Registration V DERIVATIVE WORK OR COMPILATION Complete both space 6s and 6b for a derivative work complete only 6b for a compilation a Preexisting Material Identify may precusing work or works that this work is based on or incorporates. b Material Added to This Work. Give a brief general statement of the material that has been added to this work and is which copyright is claimed. 🔻 DEPOSIT ACCOUNT If the registration fee 13 to be charged to a Deposit Account established in the Copyright Office give a Account Number CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Api/Cnty/State/ZIP V Amanda Pecchioni Thompson ICE MILLER, One American Square, Box 82001, Indianapolis, Indiana, 46282-0200 (317) 592-4857 (317) 236-2264 Area code and daysme telephone number Email CERTIFICATION 1 the undersigned, hereby certify that I am the nuthor ☐ other copyright claimant check only one) owner of exchange right(s) Mauthorized agent of Australian Gold, Inc. of the work (dentified in this application and that the statements made by me in this application are correct to the best of my knowledge Typed or printed name and date V If this application gives a date of publication in space 3 do not sign and submit it before that date 6/10/05 **Amanda Pecchioni Thompson** Handwritten signature (X) ♥ Certificate will be Amanda Pecchioni Thompson mailed sn window Number/Street/Apt ▼ ng see in check or mone envelope ICE MILLER, One American Square, Box 82001 to this address Indianapolis, Indiana 46282-0200

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Marybeth Peters

Register of Copyrights, United States of America

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